

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				★		★			★			
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BEST AVAILABLE COPY

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TOTAL DEP.			
TOTAL CLAIMS			

NO.			
TOTAL DEP.			
TOTAL CLAIMS			